

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Melissa Nasgontz	<i>[Signature]</i>	Street: 6613 Littlemore Dr #21 City: Madison WI Zip: 53719	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Rachel McMahon	<i>[Signature]</i>	Street: 890 Meadow Ln City: Wisconsin Dells Zip: 53965	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wisconsin Dells	11/15/2011 (Month) (Day) (Year)
3. Kira Hogan	<i>[Signature]</i>	Street: 1402 Regent St. #407 City: Madison, WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Charles Simpson	<i>[Signature]</i>	Street: 1207 E Wilcox St City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. DIANA GOODAVAGE	<i>[Signature]</i>	Street: 910 Logan 2116 Regent St City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. William Breuch	<i>[Signature]</i>	Street: 622 Granite way City: Sun Prairie, WI Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/15/2011 (Month) (Day) (Year)
7. Houa Yeang	<i>[Signature]</i>	Street: 5002 Twin Oaks Dr City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Lemie Soueire	<i>[Signature]</i>	Street: N1770 Morter rd. City: Lodi Zip: 53555	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City West Point	11/15/2011 (Month) (Day) (Year)
9. Gabe Pott	<i>[Signature]</i>	Street: Hyland Dr. 1312 City: Stoughton WI Zip: 53581	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Stoughton	11/15/2011 (Month) (Day) (Year)
10. Jimmy Trapp	<i>[Signature]</i>	Street: 173 Seminole way City: DeForest, WI Zip: 53532	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City DeForest	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, TRAVIS GROVER, (certify): I reside at 6301 Canyon Pkwy Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Cosette Facktor	<i>Cosette Facktor</i>	Street: 28 Langdon City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
2. Emily McFadden	<i>Emily McFadden</i>	Street: 1212 Rutledge St City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
3. Kristen Allison	<i>Kristen Allison</i>	Street: 3219 Shorecrest Dr. City: Middleton Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/15/2011 (Month) (Day) (Year)	Email Phone
4. Emelyne Woessner	<i>Emelyne Woessner</i>	Street: 2317 Upham St City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
5. COLLIN SMITH	<i>Collin Smith</i>	Street: 329 W MAIN ST City: MADISON, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison STEVENS POINT	11/15/2011 (Month) (Day) (Year)	Email Phone
6. Rachel Zancanaro	<i>Rachel Zancanaro</i>	Street: 310 Kentland #201 City: Madison WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
7. Monica Gutierrez	<i>Monica Gutierrez</i>	Street: 12 Sherman Tr #5 City: Madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
8. Tim BROWN	<i>Tim Brown</i>	Street: 365 Ash St. City: OREGON Zip: 53575	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City OREGON	11/15/2011 (Month) (Day) (Year)	Email Phone
9. Robert Rinker	<i>Robert Rinker</i>	Street: 612 Johnson St City: Madison WI Zip: 53713	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)	Email Phone
10. Owen Doran	<i>Owen Doran</i>	Street: 113 N Grove St City: Mount Horeb WI Zip: 53572	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Horeb	11/15/2011 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, Marie Stolzenburg, (certify): I reside at 600 S. Brearly St. Apt. 1C Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

Marie Stolzenburg
Signature of Circulator

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SCOTT WALKER RECALL PETITION

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1. Zach Proeber	<i>Zach Proeber</i>	Street: W176 S7841 Castleglen Ct. City: Muskego WI Zip: 53150	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Muskego	11/15/2011 (Month) (Day) (Year)	Email Phone
2. Reginald Young	<i>Reginald Young</i>	Street: 2525 N 84th St City: Wauwatosa Zip: 53226	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Madison <input checked="" type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)	Email Phone
3. Natalie Miller	<i>Natalie Miller</i>	Street: 5011 Autumn Leaf Ln #261 City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
4. Alhaman Amer	<i>Alhaman Amer</i>	Street: 1309 Spring St Apt 301 City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
5. Steve Bye	<i>Steve Bye</i>	Street: 1650 Kronsage Dr. Gilman #201 City: Madison, WI Zip: 53730	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
6. Danielle Horn	<i>Danielle Horn</i>	Street: 5593 5593 Summit Ln NE City: Rochester MN Zip: 55906	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
7. Michael Graunke	<i>Michael Graunke</i>	Street: 1402 Regent St #528 City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
8. Mary Anzovino	<i>Mary Beth Anzovino</i>	Street: 1206 Jenifer St, Apt 2 City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
9. Stefan Wake	<i>Stefan Wake</i>	Street: 100 Coyle Pkwy City: Cottage Grove Zip: 53527	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
10. HEATHER DAVIS	<i>Heather Davis</i>	Street: 1160 1/2 Mills St City: Waterloo WI Zip: 53594	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Waterloo	11/15/2011 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, Brian Esselman, (certify): I reside at 1329 Tompkins Dr. Unit C Madison WI
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Signature of Circulator)

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1. Brian Esselman	<i>Brian Esselman</i>	Street: 1329 Tompkins Dr Unit C City: Madison, WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Mike Amato	<i>Mike Amato</i>	Street: 1025 Jenifer St. apt. 1E City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. DAVID WILCHER	<i>D. Wilcher</i>	Street: 8 SAYER CT APT 90 City: MADISON Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Steven Pomplun	<i>Steven Pomplun</i>	Street: 2409 Summers Ave City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Tyler Dorenberger	<i>Tyler Dorenberger</i>	Street: 1122 Southridge Ct City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Bert G. Zippera	<i>Bert G. Zippera</i>	Street: 1337 Jenifer St. City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Claire Culver	<i>Claire Culver</i>	Street: 1224 #3 Spring St City: Madison, WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Elizabeth Muerchan	<i>Elizabeth Muerchan</i>	Street: 5 N. Randall Ave. Apt #6 City: Madison WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Katie Boyer	<i>Katie Boyer</i>	Street: 615 W. Johnson City: Madison Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Brett Eby	<i>Brett Eby</i>	Street: 113 S Orchard St City: Madison WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Brian Esselman, (certify): I reside at 1329 Tompkins Dr Unit C Madison, WI
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

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Brian Esselman
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

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1. Jessica Montag	<i>Jess Montag</i>	Street: 222 N. Hamilton St. #6 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)	Email Phone
2. Christopher Spears	<i>Chris Spears</i>	Street: 380 W. Washington City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)	Email Phone
3. Ian Rae	<i>Ian Rae</i>	Street: 417 W. Dayton St. #303 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)	Email Phone
4. Irene Rae	<i>Irene Rae</i>	Street: 417 W. Dayton St. #303 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)	Email Phone
5. Terry Vilee	<i>Terry Vilee</i>	Street: 4024 Winnemac Ave City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)	Email Phone
6. Thomas Carster	<i>Thomas Carster</i>	Street: 112 S Miller St Apt 1 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)	Email Phone
7. Katherine McMahon	<i>Kath McMahon</i>	Street: 4121 Cherokee City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)	Email Phone
8. Dan Silver	<i>Dan Silver</i>	Street: 3617 Johns City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)	Email Phone
9. Ellie Feldman	<i>Ellie Feldman</i>	Street: 210 N Charter St #504 City: Madison, WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)	Email Phone
10. Sunny Schomaker	<i>Sunny Schomaker</i>	Street: 3819 Monona Dr #15 City: Monona, WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Monona	11 / 15 / 2011 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, Brian Esselman, (certify): I reside at 1329 Tompkins Drive Unit C Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Brian Esselman
(Signature of Circulator)

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1. Mara Champagne	Mara Champagne	Street: 635 Elm Drive City: Madison Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Andrew Alt	Andrew Alt	Street: 615 W. Johnson St. City: Madison Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Portia Dennis	Portia Dennis	Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Sarah Aschbrenner	Sarah Aschbrenner	Street: 725 W. Washington Ave #210 City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Jamie Krishoff	Jamie Krishoff	Street: 1014 Eagle Lane City: Poynette WI Zip: 53955	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Poynette	11/15/2011 (Month) (Day) (Year)
6. Jennifer Peek	Jennifer Peek	Street: 2516 Heard St City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Eri K Vosen	Eri K Vosen	Street: 432 East Campus Mall Apt 203 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Mike Rouse	Michael J Rouse	Street: 615 W. Johnson City: Madison Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Vanessa Akem	Vanessa Akem	Street: 35 N Park St #2145 City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Michelle Ctanecic	Michelle Ctanecic	Street: 104 S. Randall St City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Jacob Ineichen, (certify): I reside at 746 W Main St Apt 102 City of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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SCOTT WALKER RECALL PETITION

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1. Chen Shao		Street: 1233 JASMINE DRIVE City: MADISON Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Rebecca Quigley		Street: 4462 Hillcrest Dr City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Jayne Shimolka		Street: 426 Engelhart Dr City: Madison WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Ryan Redman		Street: 1129 Mount St #1 City: Madison, WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Eric Seifriz		Street: 821 West Johnson St City: Madison Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Jennifer Haas		Street: 200 Marion Street City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. COLIN EHLERT		Street: 1929 c. Washington City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Ashley Masino		Street: 713 E. Johnson st City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Pam Weaver		Street: 211 Frost Woods Rd. City: Monona, WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Monona	11/15/2011 (Month) (Day) (Year)
10. Ella Welch		Street: 650 Elm Street City: Madison, WI Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Jacob Ineichen, (certify): I reside at 746 W Main St Apt 102 city of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Rebecca Hunt		Street: 132 E Wilson St #504 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
2. Wendy Hathaway		Street: 2641 Granite Rd. City: Fitchburg Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11 / 15 / 2011 (Month) (Day) (Year)
3. Elisa Weiss		Street: 1104 N. Fairbrook Dr City: Wauwatosa Zip: 53597	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Wauwatosa	11 / 15 / 2011 (Month) (Day) (Year)
4. Julian Holtzman		Street: 1705 Tarragon Drive City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
5. Alexander Hall		Street: 3154 Buena Vista St. #2 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
6. Erin Wolf		Street: 305 N. Francis St. #611 City: Madison Zip: 53528	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
7. Jeff Stank		Street: 515 Maple Ave. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
8. MARGARET BERGAMINI		Street: 454 N Few St City: MADISON W Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11 / 15 / 2011 (Month) (Day) (Year)
9. Erin F. Roswicz		Street: 1402 Regent City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
10. James Wollack		Street: 6210 Sharpsburg Dr. City: Madison Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)

Certification of Circulator

I, Marie Stolzenburg, (certify): I reside at 600 S. Brearly St. Apt. 1C Madison WI
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)
2458



SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Marie Stolzenburg	<i>Marie</i>	Street: 600 S. Brearly St. Apt. 1C City: Madison WI Zip: 53703	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
2. Lea Jacobs	<i>Lea Jacobs</i>	Street: 1624 Madison St City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
3. Brenna McGinley	<i>Brenna McGinley</i>	Street: 615 W. Johnson St City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
4. LUANA VENTURI	<i>Luana Venturi</i>	Street: 416 N Carroll St. apt. 1 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
5. Carol Carlson	<i>Carol Carlson</i>	Street: 342 Kent Ln Apt 304 City: madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
6. Kathleen O'Brien	<i>Kathleen O'Brien</i>	Street: 3542 Richard St. City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
7. Sarah Paese	<i>Sarah Paese</i>	Street: 407 State St Apt F City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
8. Joseph Dennis	<i>Joe</i>	Street: 316 Virginia Terrace City: Madison WI Zip: 53726	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
9. Weston Ash	<i>Weston Ash</i>	Street: 622 Brixton Pl City: Madison WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
10. KATE MANLEY	<i>Kate Manley</i>	Street: 509 STATE #16 City: MADISON Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, Marie Stolzenburg, (certify): I reside at 600 S. Brearly St. Apt. 1C Madison, WI
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Marie
(Signature of Circulator)

Page No. (Official Use Only)

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SCOTT WALKER RECALL PETITION

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Martin F. Pagan	<i>[Signature]</i>	Street: 1625 Kings Mill way Apt 303 City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
2. Calvin B. DeWitt	<i>[Signature]</i>	Street: 2508 Lelon Road City: Oregon WI Zip: 53575	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Town of Dunn	11/15/2011 (Month) (Day) (Year)	Email Phone
3. Nolan Stracke	<i>[Signature]</i>	Street: 656 Sunnyview Drive City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/15/2011 (Month) (Day) (Year)	Email Phone
4. Kacie Louis	<i>[Signature]</i>	Street: 778 S Gammon Rd Apt 7 City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
5. Jacob Dieselmann	<i>[Signature]</i>	Street: Madison St 53726 City: madison Zip: 53726	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
6. Lauren Dunn	<i>[Signature]</i>	Street: 1912 Birge Terr #4 City: Madison Zip: 53726	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
7. Michael K. Thompson	<i>[Signature]</i>	Street: 435 W Gilman # 203 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
8. Rachel Willson-Boyles	<i>[Signature]</i>	Street: 1128 Erin St Apt 1 City: Madison WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
9. Jane Linzmeyer	<i>[Signature]</i>	Street: 2308 Roby Rd City: Stoughton WI Zip: 53589	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Stoughton WI	11/15/2011 (Month) (Day) (Year)	Email Phone
10. Andrea Andrea Arpaci-Dusseau	<i>[Signature]</i>	Street: 2909 Hunter Hill City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood Hills	11/15/2011 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, Sunny Schomaker, (certify): I reside at 3819 Monona Dr #15 Monona, WI
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/15/2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Catherine Richard	<i>Catherine Richard</i>	Street: 2433 Sommers Ave City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: Cat Phone: (6
2. Emily Beckwith	<i>Emily Beckwith</i>	Street: 1341 South St. Apt. 23 City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: Phone: (
3. Andrew Wolschuh	<i>Andrew Wolschuh</i>	Street: 1408 VILAS AVE City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)	Email: Phone: (
4. Charles Kalish	<i>Charles Kalish</i>	Street: 2106 West Town Ave City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: Phone: (
5. Ahmed Sadek	<i>Ahmed Sadek</i>	Street: 45 N Randall AV City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: Phone: (
6. ARNOLD STELTER	<i>Arnold Stelter</i>	Street: W6039 PIONEER RD City: NEW GLARUS Zip: 53574	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City NEW GLARUS	11/15/2011 (Month) (Day) (Year)	Email: Phone: (
7. Mercedes Voet	<i>Mercedes Voet</i>	Street: 1615 Monroe St. apt #2 City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: Phone: (
8. Alexandra Christianson	<i>Alexandra Christianson</i>	Street: 1615 Monroest apt #2 City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: Phone: (
9. Paul NAZARIO	<i>Paul Nazario</i>	Street: 3025 Rosecannon City: Fitchburg Zip: WI 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)	Email: Phone: (
10. SEAN NANGLE	<i>Sean Nangle</i>	Street: 6420 Nature Valley Dr City: Wauwatsee, WI Zip: 53597	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wauwatsee	11/15/2011 (Month) (Day) (Year)	Email: Sean Phone: (

Certification of Circulator

I, Sunny Gail Schomaker, (certify): I reside at 3819 Monona Dr #15 Monona, WI
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

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11/15/2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Christa Seidl		Street: 152 E. Gorham St. #1 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)		
2. AARON T. SMITH		Street: 3009 Univ. Ave. Apt. 501 City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)		
3. ZACHARY REYNOLDS		Street: 307 E. Oak St City: BOSCOBEL Zip: 53805	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City BOSCOBEL	11/15/2011 (Month) (Day) (Year)		
4. BRIAN KISLTER		Street: 213 Shiloh Dr City: MADISON Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)		
5. LOIS M DUNN		Street: 2239 Woodview Ct #11 City: Madison WI Zip: 53713	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)		
6. Toni Sumner-Beebe		Street: 4303 Monona Dr City: Monona WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Monona	11/15/2011 (Month) (Day) (Year)		
7. Zachary Harper		Street: 505 W. University Ave City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)		
8. Paige Schrampp		Street: 505 University Ave City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)		
9. Teresa Arauco		Street: 1140 E DAYTON ST #102 City: MADISON, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)		
10. Mark Riechers		Street: 3210 Bluff St. Apt. 1 City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)		

I, Sunny Schomaker, (certify): I reside at 5319 Monona Dr #15 Monona, WI
 (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
 (Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)
 # 2462

Circulator

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Jill SCHMITZ	<i>Jill Schmitz</i>	Street: 1229 S. THOMPSON DR. City: MADISON Zip: 53716	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)	Email Phone
2. JOSEPH YEAGER	<i>Joseph Yeager</i>	Street: 3203 STEVENS ST. #6 City: MADISON Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)	Email Phone
3. Zev Weiss	<i>Zev Weiss</i>	Street: 225 N. Meadow Ln City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
4. SUSAN LINDEN	<i>Susan Linden</i>	Street: 10333 Brattle City: Mt. Horeb Zip: 53572	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Blue Mounds	11/15/2011 (Month) (Day) (Year)	Email Phone
5. Kristin Hart	<i>Kristin Hart</i>	Street: 950 Clarence Ct City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
6. Dustin Nelsen	<i>Dustin Nelsen</i>	Street: 703 Copeland Street City: Madison, WI Zip: 53711	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
7. Eleanor Rolfe	<i>Eleanor Rolfe</i>	Street: 703 Copeland Street City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
8. Tae-Young Nam	<i>Tae-Young Nam</i>	Street: Madison 468 Presidential Ln City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
9. Laura Bru	<i>Laura Bru</i>	Street: 1128 Erin St. #1 City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
10. Liam Gumley	<i>Liam Gumley</i>	Street: 410 skyview Dr. City: Waunakee 53597 WI Zip: 53597	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Waunakee	11/15/2011 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, Sunny Schomaker, (certify): I reside at 3819 Monona Dr #15 Monona, WI
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/15/2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

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Circulator

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Pamela Selman	<i>Pamela Selman</i>	Street: 505 UNIVERSITY AVE. APT. 311 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	<i>pselman</i> (8)
2. Samantha Schacht	<i>Samantha Schacht</i>	Street: 113 N Brooks St Apt 121 City: Madison WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	<i>Srs</i> (2)
3. Christine Knorr	<i>CK</i>	Street: 1152 E. Mifflin St. City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	<i>Cm</i> (6)
4. Marisa Olson	<i>Marisa Olson</i>	Street: 120 N Barrett St City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	<i>()</i>
5. CARLY ANDREW	<i>Carly Andrew</i>	Street: 10701 W. Gibbs Lzku Rd. City: Evansville Zip: 53536	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Portage Township	11/15/2011 (Month) (Day) (Year)	<i>()</i>
6. Kelsey Doyle	<i>Kelsey Doyle</i>	Street: 10201 University Ave #2 City: Madison Zip: 53720	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	<i>KD</i> (9)
7. Erika Stampfli	<i>Erika Stampfli</i>	Street: 605 Pine St. City: Orfordville WI Zip: 53576	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Orfordville	11/15/2011 (Month) (Day) (Year)	<i>()</i>
8. Kylee Meehan	<i>Kylee Meehan</i>	Street: 1736 Garden Dr. City: Janesville Zip: 53546	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Janesville	11/15/2011 (Month) (Day) (Year)	<i>()</i>
9. Don Werla	<i>Don Werla</i>	Street: 604 GARY ST 53716 City: Madison Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	<i>()</i>
10. Josh Fiene	<i>Josh Fiene</i>	Street: 4620 Frey St. #408 City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	<i>()</i>

Certification of Circulator

I, Parthy Schachte, (certify): I reside at 4300 Cantwell Ct C City of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Parthy Schachte
(Signature of Circulator)

Page No. (Official Use Only)
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

Return by J

Committee
PO Box 256
Madison, WI

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Blaise Thompson</u> Sign: <u>[Signature]</u>	Street: <u>509 N Lake St</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>blaise</u> Phone: <u>(424)</u>
2. Print: <u>Jordan R. Schmidt</u> Sign: <u>[Signature]</u>	Street: <u>2864 Big Bluestem Pkwy</u> City: <u>Fitchburg</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Fitchburg</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>JRSC</u> Phone: <u>(608)</u>
3. Print: <u>Emily B. Dunkelberger</u> Sign: <u>[Signature]</u>	Street: <u>221 S. High Point Rd #10SE</u> City: <u>Madison</u> Zip: <u>53717</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>emily.d</u> Phone: <u>(309)</u>
4. Print: <u>Lauren Buchanan</u> Sign: <u>[Signature]</u>	Street: <u>444 W. Wilson St, #201</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>lauren.b</u> Phone: <u>(865)</u>
5. Print: <u>Huong Tran</u> Sign: <u>[Signature]</u>	Street: <u>922 Erin St #4</u> City: <u>Madison, WI</u> Zip: <u>53715</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>h.tran</u> Phone: <u>(281)</u>

Certification of Circulator

I, Erin Boyle, (certify): I reside at 1350 Williamson St
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Madison
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)

2465

Circulators,
Please include your contact information

Phone: (608)
Email: erin.s

CB46
11-18

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

Return by
Committee
PO Box 256
Madison, WI

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. <u>CHRIS MIDDLETON</u> Print: Sign:	Street: <u>502 GRANDWOOD CT #1</u> City: <u>MADISON</u> Zip: <u>53714</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>CTM1DD</u> Phone: <u>(608)</u>
2. <u>David Skoff</u> Print: Sign:	Street: <u>515 S. Midvale Blvd. Apt. 130</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>david.s</u> Phone: <u>(303)</u>
3. <u>Glen R. Jenness</u> Print: Sign:	Street: <u>2207 Woodview Ct. Apt. 7</u> City: <u>Madison</u> Zip: <u>53713</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>Glen J</u> Phone: <u>(412)</u>
4. <u>Craig S Tainter</u> Print: Sign:	Street: <u>7545 Tree Ln Apt 2016</u> City: <u>Madison</u> Zip: <u>53717</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>tainter</u> Phone: <u>(608)</u>
5. <u>James L Skinner</u> Print: Sign:	Street: <u>74 Cambridge Rd</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: Phone:

Certification of Circulator

I, Erin Boyle, (certify): I reside at 1380 Williamson St Madison
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 18 / 2011 g
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)
2466

Circulators,
Please include your contact information
Phone: (301)
Email: erin.s

C.B.
11

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Shakeel Dalal</u> Sign: <u>[Signature]</u>	Street: <u>116 E Gilman St Apt 4B</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(812)</u>
2. Print: <u>Gilbert Nathanson</u> Sign: <u>[Signature]</u>	Street: <u>2510 Chamberlain Ave</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>
3. Print: <u>Jennifer Faust</u> Sign: <u>Jennifer Faust</u>	Street: <u>1706 Norman Hwy, Apt 212</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>
4. Print: <u>Diane Lancaster</u> Sign: <u>[Signature]</u>	Street: <u>2235 Woodview Ct #32</u> City: <u>Madison</u> Zip: <u>53713</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(425)</u>
5. Print: <u>Timothy Stacey</u> Sign: <u>[Signature]</u>	Street: <u>117 N. Franklin St. #3</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>timoth</u> Phone <u>(315)</u>

Certification of Circulator

I, Ern Boyle, (certify): I reside at 1350 Wisconsin St Madison
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
2467

Circulators,
Please include your contact information.
Phone
(301)
Email
erns

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee
PO Box 256
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Jacob Grusch</u> Sign: <u>[Signature]</u>	Street: <u>612 University Ave. #31</u> City: <u>Madison</u> Zip: <u>53715</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <u>Page County</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>grusch</u> Phone: <u>(414)</u>
2. Print: <u>Jennifer Foubert</u> Sign: <u>[Signature]</u>	Street: <u>718 Engenia Ave</u> City: <u>Madison WI</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> <u>Page County</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>jtfoub</u> Phone: <u>(204)</u>
3. Print: <u>DAVID D. WOOD</u> Sign: <u>[Signature]</u>	Street: <u>2115 BASCOM ST</u> City: <u>MADISON WI</u> Zip: <u>53726</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u></u> Phone: <u>()</u>
4. Print: <u>Matthew C. Krans</u> Sign: <u>[Signature]</u>	Street: <u>11 E Gilman St.</u> City: <u>Madison, WI</u> Zip: <u>53723</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>mckra</u> Phone: <u>()</u>
5. Print: <u>Theodora Hinkle</u> Sign: <u>[Signature]</u>	Street: <u>420 Russell Walk</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>[Signature]</u> Phone: <u>()</u>

I, Molly Noble, (certify): I reside at 656 E Mifflin St apt 2 Madison WI
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
2468

Circulators,
Please include your co
Phone
(215)
Email
molly

CB 442
WJL

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Jose A. Hernandez	<i>[Signature]</i>	Street: 625 N. Frances St. City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Scott Prinster	<i>[Signature]</i>	Street: 1050 Jennifer St apt. 2 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Edward Hayes	<i>[Signature]</i>	Street: 523 W WASHINGTON AVE City: MADISON WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. James Zernicke	<i>[Signature]</i>	Street: 1153 Glacier Hill Dr City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Desiree Bates	<i>[Signature]</i>	Street: 873 Sky Ridge Dr City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Paul McGuire	<i>[Signature]</i>	Street: 203 Prairie Grass Rd City: Oregon Zip: 53575	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Oregon	11/15/2011 (Month) (Day) (Year)
7. PAUL CRESWELL	<i>[Signature]</i>	Street: 1343 Williams St #2 City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. David Hagen	<i>[Signature]</i>	Street: 402 Grand Ave. Apt 1 City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Megan Nelli	<i>[Signature]</i>	Street: 1301 Spring St. #402 City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Matthew Newcomb	<i>[Signature]</i>	Street: 21 Powers Ave City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Molly Noble, (certify): I reside at 656 E. Mifflin St apt 2 Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)

#2469

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Ja

Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: Jason Otkin Sign: Jan Ott	Street: 7610 Crawley Stone Rd City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11 / 15 / 2011 (Month) (Day) (Year)	Email Phone ()
2. Print: Glen Thomas Sign: Glen Thomas	Street: 28 Lakewood Gardens Ln 53597 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11 / 15 / 2011 (Month) (Day) (Year)	Email Phone ()
3. Print: Zachary Stevens Sign: Zachary Stevens	Street: 1002 Warrior Ct City: Waukesha Zip: WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Waukesha (Municipality Name)	11 / 15 / 2011 (Month) (Day) (Year)	Email Phone ()
4. Print: Jerry Jordan Sign: Jerry Jordan	Street: 1317 A Tompkins Dr City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11 / 15 / 2011 (Month) (Day) (Year)	Email Phone ()
5. Print: Marian Weidner Sign: Marian Weidner	Street: 342 W Wilson Apt 2 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11 / 15 / 2011 (Month) (Day) (Year)	Email Phone ()

I, Claiborne H. Hill, (certify): I reside at 6102 Queens Way
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Monona WI
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

Nov / 15 / 2011
(Month) (Day) (Year)

Claiborne H. Hill
(Signature of Circulator)

Page No. (Official Use Only)
2470

Circulators.
Please include your contact information.

Phone

(608) 2

Email

Claiborne

CB 44

11-18

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	Email	Phone
1. Bryan Gibson	<i>[Signature]</i>	Street: 515 N. Pinckney St Apt 2 City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Pan	()
2. Ricki Colman	<i>[Signature]</i>	Street: 1247 6th way City: Cross Plains WI Zip: 53528	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Cross Plains	11/15/2011 (Month) (Day) (Year)	Ricki	()
3. Evan Owens	<i>[Signature]</i>	Street: 205 N Pinckney St #2 City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Evan	()
4. Johnnie Miller	<i>[Signature]</i>	Street: 2 N Lincolnbridge dr City: Madison Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Johnnie	()
5. Jake Swance	<i>[Signature]</i>	Street: 33 North Randall Ave Apt. #2 City: Madison Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Jake	()
6. Catherine Wieboldt	<i>[Signature]</i>	Street: 2897 Jonathan Circle City: Fitchburg Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)	Cathe	()
7. STEPHEN LUKES	<i>[Signature]</i>	Street: 509 EDGEWOOD AVE City: MADISON Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)	Stephen	()
8. Shirwil Lukes	<i>[Signature]</i>	Street: 509 Edgewood Ave City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Shirwil	()
9. MARRION LADD	<i>[Signature]</i>	Street: 4310 NAKOMA ROAD #2 City: MADISON Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Marrion	()
10. Abby Koberster	<i>[Signature]</i>	Street: 433 W. Dayton St #5 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Abby	()

Certification of Circulator

I, CLAIBORNE Hill, (certify): I reside at 6102 Queens Way Monona, WI
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Nov 15 2011
(Month) (Day) (Year)

CLAIBORNE Hill
(Signature of Circulator)

Page No. (Official Use Only)

2471

Circulator

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NOT SUBMITTED

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: John Stuhler Sign: John Stuhler	Street: 445 W. Johnson St. Apt. 304 City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone (
2. Print: Andrew Schmitt Sign: Andrew Schmitt	Street: 1724 Jefferson St Apt 1 City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone (
3. Print: Ben Warren Sign: Ben Warren	Street: 307 S Orchard St. City: Madison WI Zip: WI 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone (
4. Print: Alexandra Goldstone Sign: Alexandra Goldstone	Street: 442 W. Dayton St #3F City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone (
5. Print: Terri (Therese H.) Gregory Sign: Terri Gregory	Street: 840 Burr Oak Lane City: Madison Zip: 53713	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone (608

I, Jill Hapke, (certify): I reside at 926 Spaight St. #1
(Printed Name of Circulator) (Circulator's Residence Street Name and Number)

Madison
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Troy Slazma		Street: 2 Sherman Ter #2 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Amber Farrell		Street: 505 W. Mifflin #1 City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Kirsten S Rhude		Street: 4460 Dahmen Pass City: Cross Plains Zip: 53528	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cross Plains	11/15/2011 (Month) (Day) (Year)
4. Ian Chamberlain		Street: Regent St. 1402 City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. NICHOLAS SCHMUHL		Street: 1121 Williamson St. #1 City: MADISON Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
6. Natalie Cook		Street: 411 Hawthorne Ct. City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Meagan Rothschild		Street: 10 E. Gorham #B City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Justin Licht		Street: 42442 Dayton St Apt #113 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Miriam Steinberg		Street: 505 University Ave Apt 503 City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)
10. Erik Aiken		Street: 3408 Teton Dr City: Stevens Point Zip: 54481	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Stevens Point	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Jill Hopke, (certify): I reside at 926 Spaight St #1 Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Signature of Circulator)

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2474

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Steve Kochauer	<i>Steve Kochauer</i>	Street: 418 N. Carroll City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
2. Zach Roberts	<i>Zach Roberts</i>	Street: 1211 W. Johnson St. City: Madison Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
3. Jenna Belongia	<i>Jenna Belongia</i>	Street: 821 W. Johnson 1033B City: Madison Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
4. Claire Adorico	<i>Claire Adorico</i>	Street: 821 W. Johnson 674A City: Madison Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
5. Anna Moser	<i>Anna Moser</i>	Street: 420 N. Park St City: Madison Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
6. Lauren Danen	<i>Lauren Danen</i>	Street: 420 N. Park St. City: Madison Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
7. Alex Dirr	<i>Alex Dirr</i>	Street: 545 Irving Ave. S. City: Madison WI Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
8. Lewis Elder	<i>Lewis Elder</i>	Street: 615 West Johnson City: Madison Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
9. Jonathan Williams	<i>Jonathan Williams</i>	Street: 45 West Johnson City: Madison Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
10. Rachel Mersberger	<i>Rachel Mersberger</i>	Street: 420 N Park St City: Madison WI Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, Josephine Gasner, (certify): I reside at 54 N. Park St Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Amanda Suncar	<i>Amanda Suncar</i>	Street: 7373 Tree Ln City: Madison Zip: W 65317	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
2. Lynn Sullivan	<i>Lynn Sullivan</i>	Street: 3902 Margaret St City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
3. Nicholas Hendrickson	<i>Nicholas Hendrickson</i>	Street: 121 N. Bedford St. City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
4. KATHLEEN COFFIN	<i>Kathleen Coffin</i>	Street: 119 E PROSPECT ST City: SToughton Zip: 53589	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Stoughton	11/16/2011 (Month) (Day) (Year)
5. Austin Thomas	<i>Austin Thomas</i>	Street: 1022 W. Johnson Street Apt. 609 City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. THERESA REGGE	<i>Theresa Regge</i>	Street: 6599 Meek Rd City: LODI Zip: 53555	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dane	11/16/2011 (Month) (Day) (Year)
7. TIM HAMILTON	<i>Tim Hamilton</i>	Street: 4805 LIEN RD #302 City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
8. ROBIN L. GOOD	<i>Robin L. Good</i>	Street: 5510 Pheasant Hill Rd City: MONONA WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MONONA	11/16/2011 (Month) (Day) (Year)
9. Clint Jensen	<i>Clint Jensen</i>	Street: 1543 Jefferson St. City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
10. Kerry Werner	<i>Kerry Werner</i>	Street: 920 Spring St Apt 308 City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, Peter Anich, (certify): I reside at 535 W. Johnson St Apt 306 Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Peter Anich
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Christopher LeClair		Street: 2120 University Ave #303 City: Madison Zip: 53726	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison, WI	11/15/2011 (Month) (Day) (Year)
2. Ryan Young		Street: 314 N Bassett St. City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison, WI	11/15/2011 (Month) (Day) (Year)
3. Anna M. Stevens		Street: 801 W. Lakeside St. City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison, WI	11/15/2011 (Month) (Day) (Year)
4. Christopher Hughes		Street: 821 W Johnson St City: Madison Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Paige Humphrey		Street: 1311 W Dayton Apt #3 City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison, WI	11/15/2011 (Month) (Day) (Year)
6. Cecilia E. León		Street: 625 N. Frances St. City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison, WI	11/15/2011 (Month) (Day) (Year)
7. Sergio D. Davila		Street: 2 Gerry Court K City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison, WI	11/15/2011 (Month) (Day) (Year)
8. Jacqueline O'Reilly		Street: 1919 University Ave. Apt 3 City: Madison Zip: 53726	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison, WI	11/15/2011 (Month) (Day) (Year)
9. Jocelyn Gasner		Street: 54 N Park St City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. LeighAnn Eason		Street: 8308 University Ave City: Madison Zip: 53726	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Sam Gehler, (certify): I reside at 515 N Lake St Apt 3C Madison, WI
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. John Kliever		Street: 615 W Johnson St. 351 Unit B City: Madison Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
2. Matt Kozlowski		Street: 1314 Bowen Ct City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
3. Thomas Sannito		Street: 407 N. Brown Street, Apt 1 City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
4. Samuel Rebenstorf		Street: 420 N Park St Apt. 924 City: Madison Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
5. Mia Mueller		Street: 244 W. Lakelawn Place City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
6. Faith Khalik		Street: 535 W Johnson St #1106 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Sam Gehler, (certify): I reside at 518 N Lake St Apt 3C Madison WI
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Ellen Kahn		Street: 920 Spring St. Apt. 403 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
2. Ibona Argirion		Street: 420 N. Park St. apt. 401 City: Madison Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
3. Jodie Surber		Street: 420 N. Park St Apt 1132 City: Madison Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
4. Michael Zaiten		Street: 970 University Ave. City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
5. Priya Pattnak		Street: 420 N Park St City: Madison Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. Haechen Wang		Street: 650 Elm Drive City: Madison Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
7. Natanya Russek		Street: 420 N. Park #519 City: Madison Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
8. Haley Olig		Street: 835 W. Dayton St. City: Madison Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
9. Jordan Riesenberg		Street: 420 N Park Street City: Madison Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
10. Priyanka Sharma		Street: 420 N. Park Street City: Madison Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, Holly Hennipson, (certify): I reside at 1200 Observatory Drive City of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
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(Signature of Circulator)

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Circulator

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SCOTT WALKER RECALL PETITION

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. <u>Cousens Bayrd</u>	<u>Cousens Bayrd</u>	Street: <u>4901 Sherwood Rd</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u>	<u>11/15/2011</u> (Month) (Day) (Year)
2. <u>Boyce Johnson</u>	<u>Boyce Johnson</u>	Street: <u>416 W. Doty St #2E</u> City: <u>MADISON</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u>	<u>11/15/2011</u> (Month) (Day) (Year)
3. <u>Julia P. Ziemer</u>	<u>Julia P. Ziemer</u>	Street: <u>826 Ottawa Trail</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u>	<u>11/15/2011</u> (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> (Month) (Day) (Year)

Certification of Circulator

I, Brittani Gaudner Worsinger, (certify): I reside at 2136 Atwood Ave #1 Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
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[Signature]
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Elizabeth Schauer	<i>Elizabeth Schauer</i>	Street: 430 North Lane City: Richland Center Zip: 53581	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Richland Center	11/15/2011 (Month) (Day) (Year)	Email Phone ()
2. Kurt Watters	<i>Kurt Watters</i>	Street: 814 N. Chueh City: Richland Center Zip: 53581	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Richland Center	11/15/2011 (Month) (Day) (Year)	Email Phone ()
3. Anna C. Veith	<i>Anna C. Veith</i>	Street: 242 N. Central Ave #4 City: R.C. Zip: 53581	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Richland Center	11/15/2011 (Month) (Day) (Year)	Email Phone ()
4. Sue Leeson	<i>Sue Leeson</i>	Street: 1634 North Main St City: Richland Center Zip: 53581	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Richland Center	11/15/2011 (Month) (Day) (Year)	Email Phone ()
5. Kate Marlowe	<i>Kate Marlowe</i>	Street: 132 1/2 North Central City: Richland Center Zip: 53581	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Richland Center	11/15/2011 (Month) (Day) (Year)	Email Phone ()
6. Caleb Mueller	<i>Caleb Mueller</i>	Street: 460 East 12th Street City: Richland Center Zip: 53581	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Richland Center	11/15/2011 (Month) (Day) (Year)	Email Phone ()
7. Austin Glick	<i>Austin Glick</i>	Street: Richland Center 4302 12th St City: Richland Center Zip: 53581	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Richland Center	11/15/2011 (Month) (Day) (Year)	Email Phone ()
8. Jennifer Arduick	<i>Jennifer Arduick</i>	Street: 1001 W Parkview Dr. #201 City: Richland Center Zip: 53581	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Richland Center	11/15/2011 (Month) (Day) (Year)	Email Phone ()
9. Carol J Kramer	<i>Carol J Kramer</i>	Street: 27190 Crestview Dr. City: Richland Center Zip: 53581	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Richland	11/15/2011 (Month) (Day) (Year)	Email Phone ()
10. Dara Foust	<i>Dara Foust</i>	Street: 1500 HWY 80 S. City: Richland Center Zip: 53581	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Richland	11/15/2011 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, LEIGH A. WELPER, (certify): I reside at 21850 Russes Rd RC 53581 TOWN OF MARSHALL
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
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(Signature of Circulator)

Page No. (Official Use Only)

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Circulator

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Kylan Luther	<i>[Signature]</i>	Street: 52498 Elm Ave City: 1411 Shoro Zip: 54634	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Forest <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)	Email Phone
2. Cindy Robinson	<i>[Signature]</i>	Street: 116 Park St. City: Boscobel, WI Zip: 53805	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Boscobel <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)	Email Phone
3. George C. Butler	<i>[Signature]</i>	Street: 11030 MAN60 LN City: READSTOWN Zip: 54652	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kickapoo	11/15/2011 (Month) (Day) (Year)	Email Phone
4. Kenneth J. Bailey	<i>[Signature]</i>	Street: 20422 Cty G City: Ridgeland Ctr Zip: 53581	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sylvan	11/15/2011 (Month) (Day) (Year)	Email Phone
5. Greg Dull	<i>[Signature]</i>	Street: 23548 Cty Hwy E City: Richland Center Zip: 53581	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dayton	11/15/2011 (Month) (Day) (Year)	Email Phone
6. Colleen Uhlenhake	<i>[Signature]</i>	Street: 19872 Cty Hwy NW City: Richland Center Zip: 53581	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Willow	11/15/2011 (Month) (Day) (Year)	Email Phone
7. CHARLOS LITTON	<i>[Signature]</i>	Street: 28425 Coop Wood City: Richland Ctr Zip: 53581	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Willow	11/15/2011 (Month) (Day) (Year)	Email Phone
8. Jessi Rodgers	<i>[Signature]</i>	Street: 118 N Main St #3 City: Richland Center Zip: 53581	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Richland Center	11/15/2011 (Month) (Day) (Year)	Email Phone
9. Elaine Hanson-Hyatt	<i>[Signature]</i>	Street: 1185 Hasettine Ct City: Richland Center Zip: 53581	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Richland Center	11/15/2011 (Month) (Day) (Year)	Email Phone
10. Janet Fischer	<i>[Signature]</i>	Street: 825 E Hasettine St City: Richland Center WI Zip: 53581	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Richland Center	11/15/2011 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, LEIGH A. WELPER, (certify): I reside at 21850 ROSSES RD, RC, WI 53581 MARSHALL TOWN
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Billy Cisco	<i>Billy Cisco</i>	Street: 22291 Ledo Lane City: Richland Center WI Zip: 53581	<input checked="" type="checkbox"/> Town Richland <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)	Email: On Phone: 6
2. Sharon Wheat	<i>Sharon Wheat</i>	Street: 807 S. Fern Dr. City: Richland Ctr WI Zip: 53581	<input type="checkbox"/> Town Richland <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Center	11/15/2011 (Month) (Day) (Year)	Email: Phone: (
3. Mary Lou Tessmer	<i>Mary Lou Tessmer</i>	Street: 19465 Raintree Ln. City: Richland Center WI Zip: 53581	<input checked="" type="checkbox"/> Town Rockbridge <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)	Email: Phone: (
4. Thomas P. Templin	<i>Thomas P. Templin</i>	Street: 1005 VALLEY View DR City: Richland Center WI Zip: 53581	<input type="checkbox"/> Town Richland <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Center	11/15/2011 (Month) (Day) (Year)	Email: Phone: (
5. Marilyn Rinehart	<i>Marilyn Rinehart</i>	Street: 16820 HWY 80 N City: (Rockbridge) Richland WI Zip: 53581	<input checked="" type="checkbox"/> Town Rockbridge <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)	Email: Phone: (
6. Bernadette M. Gyl	<i>Bernadette M. Gyl</i>	Street: 22365 Crowthill Sch Rd City: R.C. WI Zip: 53581	<input type="checkbox"/> Town Richland <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Center	11/15/2011 (Month) (Day) (Year)	Email: Bm Phone: (6
7. Charles Grimesey	<i>C.W. Grimesey</i>	Street: 31661 - County F City: Blue River WI Zip: 53518	<input checked="" type="checkbox"/> Town Richwood <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)	Email: Phone: (
8. Aaron J. Turk	<i>Aaron J. Turk</i>	Street: 707 N Church St City: Richland Ctr WI Zip: 53581	<input type="checkbox"/> Town Richland <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Center	11/15/2011 (Month) (Day) (Year)	Email: Phone: (
9. Shelly Reyzek	<i>Shelly Reyzek</i>	Street: 900 Summit Dr City: Richland Center WI Zip: 53581	<input type="checkbox"/> Town Richland <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Center	11/15/2011 (Month) (Day) (Year)	Email: sh Phone: (6
10. Judy Nutter	<i>Judy Nutter</i>	Street: 22204 SANDHILL DR City: RC WI Zip: 53581	<input checked="" type="checkbox"/> Town AKA <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)	Email: Phone: (

Certification of Circulator

I, LEIGH A. WELCHER, (certify): I reside at 21850 ROSSES RD RICHLAND CENTER, WI (Circulator's Residence - Street name and Number) 53581 (Circulator Municipality) MARSHALL TOWNSHIP

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. William Buros	<i>William Buros</i>	Street: 16301 Jordan Lane City: Cazenovia Zip: 53927	<input checked="" type="checkbox"/> Town Willow <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)	Email Phone
2. John Tiller	<i>John Tiller</i>	Street: 24855 Century Farm Rd. City: Hillsboro, WI Zip: 54634	<input checked="" type="checkbox"/> Town Henrietta <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)	Email Phone
3. Brent Clausius	<i>Brent Clausius</i>	Street: 1823 East Fern Street City: Richland Center WI Zip: 53581	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Richland Center	11/15/2011 (Month) (Day) (Year)	Email Phone
4. Ruben Rogstad	<i>Ruben Rogstad</i>	Street: 956 N. Central Ave City: Richland Ctr. WI Zip: 53581	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Richland Center	11/15/2011 (Month) (Day) (Year)	Email Phone
5. Dorothy Rogstad	<i>Dorothy Rogstad</i>	Street: 956 N. Central Ave City: Richland Center Zip: 53581	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Richland Center	11/15/2011 (Month) (Day) (Year)	Email Phone
6. Virginia Storms	<i>Virginia Storms</i>	Street: 13972 Deer Run Rd City: Muskego, WI Zip: 53573	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City akon	11/15/2011 (Month) (Day) (Year)	Email Phone
7. Sheryl Scott	<i>Sheryl Scott</i>	Street: 21850 Rosses Rd City: Richland Center, WI Zip: 53581	<input checked="" type="checkbox"/> Town Marshall <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)	Email Phone
8. Doris Triphan	<i>Doris Triphan</i>	Street: 1955 W. Preston City: Richland Center Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Richland Center	11/15/2011 (Month) (Day) (Year)	Email Phone
9. Marion Kay Ziegahn	<i>Marion Kay Ziegahn</i>	Street: 1807 W. Fern St City: Richland Ctr Zip: 53581	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Richland Center	11/15/2011 (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, LEIGH A. WELTER, (certify): I reside at 21850 ROSSSES RD R.C. 53581 MARSHALL TOWN
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Leroy Johnson	<i>Leroy Johnson</i>	Street: 22055 Honer Rd City: Richland Center WI 53581	<input checked="" type="checkbox"/> Town Eagles <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
2. Robert Nugent	<i>Robert Nugent</i>	Street: 25225 STATE Highway 58 City: Richland Center WI 53581	<input checked="" type="checkbox"/> Town ITHACA <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
3. Cindy Olson	<i>Cindy Olson</i>	Street: 1625 Leslie Dr City: R.C. 53581	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Richland	11/15/2011 (Month) (Day) (Year)
4. Brian Groshel	<i>Brian Groshel</i>	Street: 3704 Hanover St. City: Madison WI 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Tasha	<i>Sitting</i>	Street: 33109 Fulton St City: Lone Rock 53556	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lone Rock	11/15/2011 (Month) (Day) (Year)
6. Rebecca Kloehn	<i>Rebecca Kloehn</i>	Street: 511 E. Burton St City: Richland Center 53581	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Richland center	11/15/2011 (Month) (Day) (Year)
7. Mike Edwardson	<i>Mike Edwardson</i>	Street: 2551 CH Hwy City: Richland Center WI 53581	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Richland	11/15/2011 (Month) (Day) (Year)
8. Ceil Simonson	<i>Ceil Simonson</i>	Street: 1820 W Fern Dr. City: Richland Center 53581	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Richland	11/15/2011 (Month) (Day) (Year)
9. Betty Bakken	<i>Betty Bakken</i>	Street: 24082 Co. Hwy AA City: Richland Center 53581	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Richland	11/15/2011 (Month) (Day) (Year)
10. Jeanne Wells	<i>Jeanne Wells</i>	Street: 24002 Cty. Hwy. AA City: Richland Center 53581	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Richland	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, LEIGH A. WELPER, (certify): I reside at 21850 Russes Rd R.C. 53581 TOWN OF MARSHALL
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Patricia Peterson	<i>Patricia Peterson</i>	Street: 33956 Old Mill Rd. City: Lone Rock Zip: 53556	<input checked="" type="checkbox"/> Town Buena Vista <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)	Email: <i>peters</i> Phone: (608) _____
2. LINDSAY PETERSON	<i>Lindsay Peterson</i>	Street: 11670 Wedgewood Dr. City: Richland Center Zip: 53581	<input type="checkbox"/> Town R.C. <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)	Email: <i>peters</i> Phone: (608) _____
3. Alex Miller	<i>Alex Miller</i>	Street: 20779 Hwy 56 City: Richland Center Zip: 53581	<input checked="" type="checkbox"/> Town Marshall <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)	Email: <i>Miller</i> Phone: (608) _____
4. Kathy Molitor	<i>Kathy Molitor</i>	Street: 15118 Shellington Dr. City: Cazenovia Zip: 53924	<input checked="" type="checkbox"/> Town Henrietta <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)	Email: <i>fabr</i> Phone: (608) _____
5. Gary Schwartz	<i>Gary D. Schwartz</i>	Street: 599 East Seminary St. City: Richland Center Zip: 53581	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Richland Center	11/15/2011 (Month) (Day) (Year)	Email: _____ Phone: (608) _____
6. Michele Belisle	<i>Michele Belisle</i>	Street: 599 E. Seminary City: Richland Center Zip: 53581	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Richland Center	11/15/2011 (Month) (Day) (Year)	Email: _____ Phone: (608) _____
7. Linda Butcheris	<i>Linda Butcheris</i>	Street: 29088 WHISPERING LN City: Lone Rock WI Zip: 53556	<input checked="" type="checkbox"/> Town Buena Vista <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)	Email: _____ Phone: (608) _____
8. JACK KNOWLES	<i>J Knowles</i>	Street: 31336 Woodshire Ln City: Blue River Zip: 53518	<input checked="" type="checkbox"/> Town Richwood <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)	Email: <i>JK</i> Phone: (608) _____
9. Mara Mueller	<i>Mara Mueller</i>	Street: 413 Field Avenue City: Hillsboro Zip: WI	<input type="checkbox"/> Town Hillsboro <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)	Email: <i>M. Mu</i> Phone: (608) _____
10. Brett S Boczyski	<i>Brett S Boczyski</i>	Street: 23828 Clary Lane City: Richland Center Zip: 53581	<input checked="" type="checkbox"/> Town Buena Vista <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)	Email: <i>Brett</i> Phone: (608) _____

Certification of Circulator

I, LEIGH A. WELPER, (certify): I reside at 21850 ROSES RD R.C. 53581 TOWN OF MARSHALL
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. CAROL SOBCHAK	<i>Carol Sobczak</i>	Street: 18504 Cherry Valley Rd City: Hillsboro Zip: 54634	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bloom	11/15/2011 (Month) (Day) (Year)
2. RANDAL J. ENING	<i>Randal J. Ening</i>	Street: 29555 OLD SEYMOURVILLE DRIVE City: LONE ROCK, WI Zip: 53556	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Buena Vista	11/15/2011 (Month) (Day) (Year)
3. Lacey Glick	<i>Lacey Glick</i>	Street: 430 EAST 12TH ST City: Richland Center Zip: 53581	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Richland Center	11/15/2011 (Month) (Day) (Year)
4. Sally Gald	<i>Sally Gald</i>	Street: 430 East 12th City: Richland Center Zip: 53581	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Richland Center	11/15/2011 (Month) (Day) (Year)
5. Dawn Kiefer	<i>Dawn Kiefer</i>	Street: 17476 Gate Hwy. 58 City: Cazenovia, WI Zip: 53924	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Willow	11/15/2011 (Month) (Day) (Year)
6. JUDITH COUFAL	<i>Judith Coufal</i>	Street: 24580 CHICKEN RIDGE City: RICHLAND CTR Zip: 53581	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City RICHLAND	11/15/2011 (Month) (Day) (Year)
7. Charles Acker	<i>Charles Acker</i>	Street: 15324 CTH E City: Rockford Cr. WI Zip: 53581	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sylva	11/15/2011 (Month) (Day) (Year)
8. Mitzi Winger	<i>Mitzi Winger</i>	Street: 585 E. Burton Str City: Richland Ctr Zip: 53581	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Richland Center	11/15/2011 (Month) (Day) (Year)
9. OTIS WINGER	<i>Otis Winger</i>	Street: 585 E. Burton City: Richland Ctr Zip: 53581	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Richland Ctr	11/15/2011 (Month) (Day) (Year)
10. Francis McCauley	<i>Francis McCauley</i>	Street: 21496 Co. Hwy SR City: Richland Center, WI Zip: 53581	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rockbridge	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, LEIGH A. WELPER, (certify): I reside at 21850 Rosses Rd RC. 53581 TOWN OF MARSHALL
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 15 20 11
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
2487

Circulator

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. <u>Dolores McGuire</u>	<u>Dolores McGuire</u>	Street: <u>397 E 8th</u> City: <u>Richland Ctr</u> Zip: <u>53581</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Richland Ctr</u>	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone
2. <u>DANIEL J. MCGUIRE</u>	<u>Daniel McGuire</u>	Street: <u>204 N. JESSAMINE ST.</u> City: <u>LONE ROCK WI</u> Zip: <u>53556</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>LONE ROCK</u>	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone
3. <u>Nate Olson</u>	<u>Nate Olson</u>	Street: <u>24670 Gerald Ln</u> City: <u>Richland Center WI</u> Zip: <u>53581</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Richland</u>	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone
4. <u>Douglas Hill</u>	<u>Douglas Hill</u>	Street: <u>550 S Rosa St</u> City: <u>Richland Center</u> Zip: <u>53581</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Richland Center</u>	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone
5. <u>Wendy Layer</u>	<u>Wendy Layer</u>	Street: <u>561 S. Rosa St</u> City: <u>Richland Center</u> Zip: <u>53581</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Richland Center</u>	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone
6. <u>Kirk Tornøe</u>	<u>Kirk Tornøe</u>	Street: <u>10418 City HWY A</u> City: <u>LaFARGE</u> Zip: <u>54639</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Bloom</u>	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone
7. <u>Bill Kaddatz</u>	<u>Bill Kaddatz</u>	Street: <u>20359 Foley Ln</u> City: <u>Richland Center</u> Zip: <u>53581</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Marshall</u>	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone
8. <u>Brendan Wumike</u>	<u>Brendan Wumike</u>	Street: <u>5985 A State HWY</u> City: <u>Harpers WI</u> Zip: <u>53937</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Ithaca</u>	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone
9. <u>Steve Jones</u>	<u>Steve Jones</u>	Street: <u>Richland Center</u> City: <u>385 E. 8th</u> Zip: <u>53581</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Richland Center</u>	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone
10. <u>[Signature]</u>	<u>[Signature]</u>	Street: <u>[Signature]</u> City: <u>[Signature]</u> Zip: <u>[Signature]</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>11/20</u> (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, LEIGH A WELPER, (certify): I reside at 21850 ROSSES RD, RE 53581 MARSHALL TOWNSHIP
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Linda C. Schrantz	<i>Linda C. Schrantz</i>	Street: 10490 Jefferson St City: La Farge Zip: 54639	<input checked="" type="checkbox"/> Town Bloom <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
2. Robert A. Hirsch	<i>Robert A. Hirsch</i>	Street: 1235 Apple Ln. City: Richland Center Zip: 53581	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Richland Center	11/15/2011 (Month) (Day) (Year)
3. Karen A. Hardy	<i>Karen A. Hardy</i>	Street: 25073 Hall Ln City: Richland Center, WI Zip: 53581	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rock Bridge	11/15/2011 (Month) (Day) (Year)
4. GARY G. HARDY	<i>Gary G. Hardy</i>	Street: 25073 HALL LN City: Richland Center Zip: 53581	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rockbridge	11/15/2011 (Month) (Day) (Year)
5. David Hinrichs	<i>David Hinrichs</i>	Street: 28476 McMurhus St City: Coatham Zip: WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Buena Vista	11/15/2011 (Month) (Day) (Year)
6. Marietta Curtis	<i>Marietta Curtis</i>	Street: 4163 E. Court St. City: Richland Ctr WI Zip: 53581	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Richland Ctr	11/15/2011 (Month) (Day) (Year)
7. Samantha Salisbury	<i>Samantha Salisbury</i>	Street: 2390 N. Preston Dr. City: Richland Center Zip: 53581	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
8. Dennis Adams	<i>Dennis Adams</i>	Street: 1029 W Seminarx St City: Richland Center WI Zip: 5381	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
9. Jim Jewell	<i>Jim Jewell</i>	Street: R 340 N. CENTRAL AVE City: RICHLAND CENTER Zip: 53581	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RICHLAND CENTER	11/15/2011 (Month) (Day) (Year)
10. DENNIS FANTA	<i>Dennis Fanta</i>	Street: 397 E. 8TH. ST. City: RICHLAND GR WI Zip: 5358	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RICHLAND CENTER	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, LEIGH A. WELPER, (certify): I reside at 21850 ROSSES RD, RC 53581 TOWN OF MARSHALL
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

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11 / 1 / 15 2011
(Month) (Day) (Year)

(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. DARLENE MCQUEEN	<i>[Signature]</i>	Street: 26865 Snow Valley Rd City: Richland Center Zip: 53581	<input checked="" type="checkbox"/> Town Rockbridge <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
2. Joanne M Miller	<i>[Signature]</i>	Street: 23225 Cty Hwy AA City: Richland Center Zip: 53581	<input checked="" type="checkbox"/> Town Town of Richland <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
3. Diane Collins	<i>[Signature]</i>	Street: 523 E. 8th City: Richland Center Zip: 53581	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Richland Center	11/15/2011 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, LEIGH A. WELPER, (certify): I reside at 21850 ROSSES RD 53581 TOWN OF MARSHALL
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

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11 / 1 / 15 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Jeff Weeden</u> Sign: <u>Jeff Weeden</u>	Street: <u>66 Oakbridge Ct. Apt. 220</u> City: <u>Madison</u> Zip: <u>53717</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()
2. Print: <u>Thomas Snyder</u> Sign: <u>Thomas Snyder</u>	Street: <u>4622 Bonner Lane</u> City: <u>Madison WI</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()
3. Print: <u>Kaitlin Soleda</u> Sign: <u>Kaitlin Soleda</u>	Street: <u>6516 Lake Rd #113</u> City: <u>Windsor</u> Zip: <u>53598</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Bellvue</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()
4. Print: <u>Clavence Bolsen</u> Sign: <u>Clavence Bolsen</u>	Street: <u>607 Badger Dr.</u> City: <u>Baraboo WI</u> Zip: <u>53413</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Baraboo</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()
5. Print: <u>Asia Xiong</u> Sign: <u>Asia Xiong</u>	Street: <u>1624 Farden Ave</u> City: <u>Madison, WI</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()

I, Carly Kurth, (certify): I reside at 117 N. Third St. Madison
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Circulators.
Please include your con

Phone
(608)
Email
ckurth

11 / 16 / 2011
(Month) (Day) (Year)
Carly Kurth
(Signature of Circulator)

Page No. (Official Use Only)
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. <u>Diamond King</u> Print: Sign: <u>[Signature]</u>	Street: <u>3321 Leopold way #106</u> City: <u>Madison</u> Zip: <u>53713</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: <u>diamond</u> Phone: ()
2. <u>Matt Tuggle</u> Print: Sign: <u>[Signature]</u>	Street: <u>1 Westend circle</u> City: <u>Madison</u> Zip: <u>53713</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: Phone: ()
3. <u>Kelly Smith</u> Print: Sign: <u>Kelly E. Smith</u>	Street: <u>2901 Curry Pkwy #C</u> City: <u>Madison</u> Zip: <u>53713</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: <u>Kesm</u> Phone: ()
4. <u>Jeff Havens</u> Print: Sign: <u>[Signature]</u>	Street: <u>5309 Chinook Ln</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: Phone: ()
5. <u>Daniel Jones</u> Print: Sign: <u>Daniel Jones</u>	Street: <u>304 Linde st. Apt #15</u> City: <u>Dorchester Wisc</u> Zip: <u>53532</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Dorchester</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: <u>[Signature]</u> Phone: <u>(608)</u>

Certification of Circulator

I, Carly Kurth (certify): I reside at 117 N. Third St.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Madison, WI
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011 Carly Kurth
(Month) (Day) (Year) (Signature of Circulator)

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Circulators,
Please include your contact information

Phone: (608)
Email: ckurth

CB 44

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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Return by
Committee
PO Box 256
Madison, WI

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: Will Schira Sign: <i>Will Schira</i>	Street: 1707 Rowland Ave #2 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone ()
2. Print: Brittany Kennedy Sign: <i>Brittany Kennedy</i>	Street: 3210 Park Street City: Middleton Zip: 53562	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Middleton (Municipality Name)	11/16/2011 (Month) (Day) (Year)	Email Phone (608)
3. Print: Michael Heffner Sign: <i>Michael Heffner</i>	Street: 309 N Thompson Dr City: Madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/16/2011 (Month) (Day) (Year)	Email Phone (608)
4. Print: Page Schuh Sign: <i>Page Schuh</i>	Street: 3514 Thorstad Ln City: Deerfield Zip: 53531	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Deerfield (Municipality Name)	11/16/2011 (Month) (Day) (Year)	Email Phone (608)
5. Print: Mai Yee Thap Sign: <i>Mai Yee Thap</i>	Street: 606 Merryturn Rd City: Madison, WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/16/2011 (Month) (Day) (Year)	Email Phone ()

I, Devon Coole (Printed Name of Circulator), (certify): I reside at 3833 Danstar Rd Apt C (Circulator's Residence - Street Name and Number) City of Madison (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.43(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Devon Coole
(Signature of Circulator)

Page No. (Official Use Only)
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Circulators.
Please include your contact information.

Phone
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Email

CB 448
11-18

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>MATT Binkley</u> Sign: <u>[Signature]</u>	Street: <u>871 Arthur St #3</u> City: <u>Milton</u> Zip: <u>53563</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Milton</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email _____ Phone ()
2. Print: <u>Ryan Amundson</u> Sign: <u>[Signature]</u>	Street: <u>5202 TIMBER Lane</u> City: <u>McFarland</u> Zip: <u>53558</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>McFarland</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email _____ Phone ()
3. Print: <u>CEMIL NURLED</u> Sign: <u>[Signature]</u>	Street: <u>485 S. High Point Rd</u> City: <u>Madison</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email _____ Phone ()
4. Print: <u>Nathan Ortiz</u> Sign: <u>[Signature]</u>	Street: <u>940 Clarence Ct</u> <u>53715</u> City: <u>Madison</u> Zip: <u>53715</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email _____ Phone ()
5. Print: <u>Rebecca Wicke</u> Sign: <u>[Signature]</u>	Street: <u>119 East Mifflin St Apt 4</u> City: <u>Madison, WI</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email _____ Phone ()

I, Devon Cook (Printed Name of Circulator) (certify): I reside at 3833 Danstar Rd - Apt C (Circulator's Residence - Street Name and Number) City of Madison (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
2494

Circulators.
Please include your contact information.

Phone
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Email

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Rodney Annett</u> Sign: <u>Rodney Annett</u>	Street: <u>59049 Meadowdale Rd</u> City: <u>Prairie Du Sac WI</u> Zip: <u>53578</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Prairie Du Sac</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>Susan Sklepinski</u> Sign: <u>Susan Sklepinski</u>	Street: <u>2402 Columbus Ln #108</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()
3. Print: <u>Cassandra Davis</u> Sign: <u>Cassandra Davis</u>	Street: <u>230 Foxdale Dr. #4</u> City: <u>Sun Prairie</u> Zip: <u>53590</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Sun Prairie</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()
4. Print: <u>Papa Mboge</u> Sign: <u>Papa Mboge</u>	Street: <u>4621 Hayes Madison road #8</u> Zip: <u>53704</u> City: <u>Madison</u> Zip: <u>WI 53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()
5. Print: <u>TORY S JOYCE</u> Sign: <u>Torys Joyce</u>	Street: <u>3468 WINTERCLIFF WAY</u> City: <u>SUN PRAIRIE</u> Zip: <u>53540</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>BURKE</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()

I, Devon Cook (Printed Name of Circulator), (certify): I reside at 3833 Danstar Rd. Apt. C City of Madison (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

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[Signature]
(Signature of Circulator)

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Return by J
Committee
PO Box 256
Madison, WI

Circulators.
Please include your co

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Email

CB 4489
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. EDWARD G. CLATKIE	<i>Edward G. Clatkie</i>	Street: 10 FARMINGTON C.T. City: MADISON WI Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
2. Cindy Odden	<i>Cindy Odden</i>	Street: 3710 DAWES ST City: madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/16/2011 (Month) (Day) (Year)
3. Susan Swanson	<i>Susan Swanson</i>	Street: 1211 Sweeney Dr. #1 City: middleton, WI Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City middleton	11/16/2011 (Month) (Day) (Year)
4. Chenere Bailey	<i>Chenere Bailey</i>	Street: 2720 McDivitt Rd #208 City: Madison WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
5. John J Parker	<i>John J Parker</i>	Street: 14 Sonora Ct City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. Chris Huffman	<i>Chris Huffman</i>	Street: 1922 Birge Terrace City: Madison Zip: 53726	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
7. Russell D. Puzia	<i>Russell D. Puzia</i>	Street: 702 W. Main St. apt 205 City: Wausau, WI Zip: 53597	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Wausau <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
8. Annie Sun	<i>Annie Sun</i>	Street: South Bend City: Sun Prairie Zip: 53590	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sun Prairie	11/16/2011 (Month) (Day) (Year)
9. Kelly Lythjohan	<i>Kelly Lythjohan</i>	Street: 1010 Chicory Way City: Sun Prairie Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/16/2011 (Month) (Day) (Year)
10. Joanne Bender	<i>Joanne Bender</i>	Street: 1625 Waucoma Way City: madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)

I, Devon Cook (Name of Circulator), certify: I reside at 3833 Daystar Rd. Apt. C (Circulator's Residence - Street name and Number), Madison (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Devon Cook
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Scott Larsen		Street: 309 N. PINKNEY APT. 2A City: MADISON WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
2. Abigail Grewel		Street: 1625 Monroe St Apt 1 City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
3. DAIE Block		Street: 1524 W South St City: Stoughton Zip: 53589	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Stoughton	11/16/2011 (Month) (Day) (Year)
4. Maria Thomasson		Street: 815 Pavy Lane City: Sun Prairie Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/16/2011 (Month) (Day) (Year)
5. Kyle Walsh		Street: Madison City: P.O. Box 26070 Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. Jennifer Joyce		Street: 449 S. Burr Oak Av. City: Oregon, WI Zip: 53575	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Oregon	11/16/2011 (Month) (Day) (Year)
7. Lisa Kopp		Street: 555 S. Lewis St City: Columbus Zip: 53925	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Columbus	11/16/2011 (Month) (Day) (Year)
8. CARLY BRADY		Street: 3202 Stonecreek Dr #4 City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
9. Thomas Gillitzer		Street: 5460 Congress Ave #2 City: MADISON Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
10. Samuel Heston		Street: 2329 Chart Garden Rd City: Fitchburg WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, Devon Cook, (certify): I reside at 3833 Daystar Rd. Apt. C Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

(Signature of Circulator)

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Circulator

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Print: Erin Roman Sign:	Street: 3616 Lehigh Ln City: Wausau Zip: 54980	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Wausau (Municipality Name)	11/16/2011 (Month) (Day) (Year)	Email Phone ()
2. Print: HEATHER WEISSENBERGER Sign:	Street: 1806 Leffs Gordon Ave. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/14/2011 (Month) (Day) (Year)	Email Phone ()
3. Print: PETER KHANG Sign:	Street: 433 W. MAIN ST #404 City: MADISON Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON (Municipality Name)	11/16/2011 (Month) (Day) (Year)	Email Phone ()
4. Print: Brittany Janz Sign:	Street: 2034 Londonderry Drive Apt. 114 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON (Municipality Name)	11/16/2011 (Month) (Day) (Year)	Email Phone ()
5. Print: Kaitlyn Molshi Sign:	Street: 2907 Curry Pkwy #2 City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/14/2011 (Month) (Day) (Year)	Email Phone ()

I, Nancy Julien (certify): I reside at 5640 Steepchase Dr WESTPORT
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011 Nancy Julien
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)
2498

Circulators,
Please include your

Phone
Email
Name
Address

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return to
Committee
PO Box 2
Madison, WI 53702

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CO
1. Print: <u>Jennifer Hopkins</u> Sign: <u>Jennifer Hopkins</u>	Street: <u>3251 W. Main St. #101</u> City: <u>Sun Prairie</u> Zip: <u>53596</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Sun Prairie</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email () Phone ()
2. Print: <u>Amanda Balbach</u> Sign: <u>Amanda Balbach</u>	Street: <u>1521 Trailsway #41</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/14/2011</u> (Month) (Day) (Year)	Email () Phone ()
3. Print: <u>Matthew Marx</u> Sign: <u>Matthew Marx</u>	Street: <u>8575 Hwy K-151</u> City: <u>Verona</u> Zip: <u>53593</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email () Phone ()
4. Print: <u>Jenna Arnold</u> Sign: <u>Jenna Arnold</u>	Street: <u>334 West Street</u> City: <u>Johnson Creek</u> Zip: <u>53038</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Johnson Creek</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email () Phone ()
5. Print: <u>Mark Morley</u> Sign: <u>Mark Morley</u>	Street: <u>351 E Main St. Apt 313</u> City: <u>Sun Prairie</u> Zip: <u>53590</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Sun Prairie</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email () Phone ()

I, Nancy Julien (certify): I reside at 5640 Steepchase Dr
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Westport
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)
Nancy Julien
(Signature of Circulator)

Page No. (Official Use Only)
2499

Circulators,
Please include your
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Ricky Dunning	<i>Ricky Dunning</i>	Street: 104 Hilltop Dr City: Fall River WI Zip: 53122	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Fall River	11/15/2011 (Month) (Day) (Year)
2. Dennis Burkholder	<i>Dennis Burkholder</i>	Street: 848 E. Main City: Reedsburg WI Zip: 53959	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Reedsburg	11/15/2011 (Month) (Day) (Year)
3. Jade Ollie	<i>Jade Ollie</i>	Street: 3107 Portage Rd City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Carmen Hill	<i>Carmen Hill</i>	Street: 1718 Northport Dr #9 City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
5. Tammy Zifke	<i>Tammy Zifke</i>	Street: 4045 Bannon RD City: Marshall WI Zip: 53590	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Deerfield	11/15/2011 (Month) (Day) (Year)
6. Amanda Zifke	<i>Amanda Zifke</i>	Street: 4045 Bannon RD City: Marshall WI Zip: 53590	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Deerfield	11/15/2011 (Month) (Day) (Year)
7. Chris Beyersdorf	<i>Chris Beyersdorf</i>	Street: Hampson Dr City: Madison WI Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Carrie Schonhoff	<i>Carrie Schonhoff</i>	Street: 1152 Yenge Rd. City: Reesville WI Zip: 53579	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Port land	11/15/2011 (Month) (Day) (Year)
9. Dominique Brand	<i>Dominique Brand</i>	Street: 709 veracourt City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Janet Quinchua	<i>Janet Quinchua</i>	Street: 5 Downer Circle City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Michael Perna, (certify): I reside at 2322 Independence Ln #309 Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/15/2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)

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Circulator

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